

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 301270

Entity Name: MEADOW OAKS, INC.

FILED  
Aug 17, 2007  
Secretary of State

## Current Principal Place of Business:

1140 SOUTH BROADWAY  
BARTOW, FL 33830

## New Principal Place of Business:

## Current Mailing Address:

1140 SOUTH BROADWAY  
BARTOW, FL 33830

## New Mailing Address:

FEI Number: 59-1616435      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, HELEN ISABELLE  
1140 S BROADWAY  
BARTOW, FL 33830      US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PUTNAM, DAPHNE. BOSWEL  
Address: 125 LAKE OTIS RD.  
City-St-Zip: WINTER HAVEN, FL

Title: D ( ) Delete  
Name: ASHLEY, CHRISTINA  
Address: 3347 THORNWOOD DR  
City-St-Zip: SARASOTA, FL

Title: VD ( ) Delete  
Name: BOSWELL-BUTLER, VALERIE  
Address: 1365 SWEARIN AVE  
City-St-Zip: BARTOW, FL

Title: P ( ) Delete  
Name: BOSWELL III, CLARENC, E A  
Address: FLORAL AVENUE  
City-St-Zip: BARTOW, FL

Title: SDT ( ) Delete  
Name: WILSON, HELEN ISABEL, LE  
Address: 1140 S BROADWAY  
City-St-Zip: BARTOW, FL 00000,

Title: VP ( ) Delete  
Name: FOMAN, ASHLEY LEWIS, D.  
Address: 369 S LAKE DRIVE  
City-St-Zip: PALM BCH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE A BOSWELL III

P

08/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date